

MILLVILLE PUBLIC SCHOOL DISTRICT

2013-14 REGISTRATION PACKET

KINDERGARTEN – 12TH GRADE

Please have the following to register your child:

- Original birth certificate
- Proof of residency
- Parent/Guardian ID
- Transfer card or withdraw form from previous school
- Health record (immunization record and proof of physical)
- Completed registration packet

When applicable, you will also need to bring:

- Custody/guardianship papers
- Individual Education Papers (IEP)
- 504 plan
- High school students will need a transcript and/or a current report card/schedule from previous school

Registrations are completed at:

**Culver Center
110 N. 3rd St.
Millville, NJ 08332
856-327-6166**

MILLVILLE PUBLIC SCHOOLS
STUDENT ENROLLMENT FORM



Today's Date: _____

Student's Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____ Phone [____] _____

PO BOX _____ City _____ State _____ Zip _____ (use as mailing address? ☐ Yes ☐ No)

Birth Date ____/____/____ Sex ☐ Male ☐ Female Ethnicity/Race _____
MM DD YY

City of Birth _____ State _____ Country _____

Date of US Entry ____/____/____ [Only applies to students NOT born in US]
MM DD YY

Has student ever attended Millville Schools? ☐ Yes ☐ No [If YES, last grade completed _____]

Father/Guardian Last Name _____ First Name _____ Suffix _____

Mother/Guardian Last Name _____ First Name _____

Student resides with: ☐ Both parents ☐ Mother only ☐ Father only ☐ Guardian ☐ Custody/Restrictions

Father/Guardian cell phone [____] _____ Mother/Guardian cell phone [____] _____

Father/Guardian work phone [____] _____ Mother/Guardian work phone [____] _____

Are parents federally employed? ☐ Yes ☐ No Federal ID# _____

Non-Household Emergency Contacts

Contact #1 _____ Relationship to student _____ Phone [____] _____

Contact #2 _____ Relationship to student _____ Phone [____] _____

Contact #3 _____ Relationship to student _____ Phone [____] _____

Last school attended _____ Phone [____] _____

School address _____ Fax [____] _____

City _____ State _____ Zip _____

Siblings Name _____ DOB ____/____/____ School attending _____ Grade _____

Siblings Name _____ DOB ____/____/____ School attending _____ Grade _____

Siblings Name _____ DOB ____/____/____ School attending _____ Grade _____

Check all that apply

☐ Classified Student ☐ Basic Skills Required ☐ Attended Alternative School ☐ 504 or Medical Alert

☐ Home Instruction ☐ Requires Bilingual ☐ Another Language Spoken Language _____

SCHOOL USE ONLY

School assigned to _____

Grade _____

Start date _____

Student ID # _____

Entered by _____

State ID # _____

Transportation _____

☐ Health Record ☐ Proof of Residency ☐ BC ☐ Transfer Card

☐ MEETS REQUIREMENTS

Faxed to _____ by _____



Millville Board of Education

110 N. 3rd St., PO Box 5010

Millville, NJ 08332

Phone: (856) 327-6166

Fax: (856) 293-1077

Administrative Procedure: Seat Belt Policy & Video Camera Usage on School Buses

MILLVILLE BOARD OF EDUCATION

**NOTIFICATION OF SEAT BELT POLICY & VIDEO CAMERA USAGE ON
SCHOOL BUSES**

The Millville Board of Education has established a policy for seat belt use on school buses. This policy will pertain to all Millville School District students who ride on school buses to and from their homes, on field trips, sports activities, after school activities, and all other Millville Board of Education related activities.

School bus drivers and all school bus passengers shall be required to wear seat belts when transported in school buses so equipped. Seat belts shall be fastened when the driver and passengers board the vehicle and they shall be kept fastened at all times while onboard the vehicle.

Students who fail to adhere to the seat belt regulations will face disciplinary action.

The Millville Board of Education has purchased video cameras for use on its school buses in order to ensure that students can be transported in as safe an environment as possible. Administration may use the videos to determine appropriate discipline for inappropriate actions. Due to The Family Educational Rights and Privacy Act, federal law prohibits parents and guardians from viewing video tapes. Administration may view the incident on tape with the student involved in order to determine disciplinary action.

Please sign the bottom portion of this notice acknowledging that you have read and are aware of these Millville School District policies.

Date _____

School _____

I acknowledge receipt of notification of the seat belt policy and video camera usage on school buses and I am aware of disciplinary actions to be taken if these policies are not adhered to.

Student's name (PLEASE PRINT)

Signature of Parent/Guardian

This notification will be filed with the student's permanent file in his/her designated home school.

MILLVILLE PUBLIC SCHOOLS

STUDENT HEALTH HISTORY

STUDENT NAME: _____, _____
Last First

Nickname: _____ Gender: F / M Birthdate: ____/____/____ Grade: _____
(circle one)

Language spoken in Home: _____ Name of Interpreter: _____

Does your child wear glasses? ☐ Yes ☐ No Contacts? ☐ Yes ☐ No Orthodontic appliance? ☐ Yes ☐ No

Does your child currently receive: Speech Therapy ☐ Yes ☐ No Physical Therapy ☐ Yes ☐ No Occupational Therapy ☐ Yes ☐ No

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Does your child have an allergy to any foods, medications, insects, latex or other substances? ☐ Yes ☐ No

If Yes, please list in detail: _____

Please circle if allergy is **severe** **moderate** **mild** List symptoms: _____

What medication(s) or treatment is used to treat the allergy? _____

Has your child ever had a severe "anaphylactic" reaction requiring emergency care (list date)? _____

Please check all that apply to your child:

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergies – seasonal | <input type="checkbox"/> Dyslexia/Learning disorder | <input type="checkbox"/> Muscular/Orthopedic Disorder |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Pervasive Developmental Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Psychiatric/Psychological Disorder |
| <input type="checkbox"/> Chicken Pox- Date: _____ | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Serious Accident |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disorder | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Migraine Headache | <input type="checkbox"/> Other: _____ |

If yes to any of the above, describe and indicate any restrictions:

If your child is on medication, please list medication, dosage, frequency and reason for medication:

Please note any health concerns of which the school nurse needs to be aware: _____

Other information to be shared with the School Nurse: _____

☐ Yes ☐ No I give the School Nurse permission to share health information with school personnel on a "need to know" basis in writing and/or verbally.

For Preschool Only (3yr & 4yr old students)

- ☐ Yes ☐ No I give permission for my child to receive acetaminophen as ordered by the school physician and administered by the School Nurse for fever above 101 degrees if the parent/guardian cannot be reached.

Signature of Parent or Guardian: _____ Date: _____

Reviewed by Certified School Nurse: _____ Date: _____

MILLVILLE BOARD OF EDUCATION
PO BOX 5010 ~ 110 N. THIRD STREET
MILLVILLE, NJ 08332
Phone: [856] 327-6166 Fax: [856] 293-1077

PERMISSION TO RELEASE ALL RECORDS

PLEASE PRINT THE FOLLOWING INFORMATION:

Student's Name: _____ Date of Birth: _____ Grade: _____

Last school attended: _____

Address: _____ School Phone _____

City/State/Zip _____ School Fax _____

Signature of Parent/Guardian Date: _____

FOR OFFICE USE ONLY

Please send original of the following: Transcripts/records, grading scale, grades at time of withdrawal, date of enrollment, date of withdrawal, health records/immunizations with dates, psychological records (IEP) to:

☐ **Millville Senior High School**

☐ **Millville Alternative High School**

Atten: Guidance Dept.

200 Wade Blvd

Millville, NJ 08332

Fax: 856-825-4889(MSHS)

Fax: 856-825-2543 (ALT)

☐ **Memorial Jr. High School**

504 E. Broad St

Millville, NJ 08332

Fax: 856-825-9343

☐ **Lakeside Middle School**

2 N. Sharp St.

Millville, NJ 08332

Fax: 856-825-7588

☐ **R.D. Wood School**

700 Archer St

Millville, NJ 08332

☐ **R.M. Bacon School**

501 S. 3rd St.

Millville, NJ 08332

☐ **Holly Heights School**

2509 E. Main St.

Millville, NJ 08332

☐ **Mount Pleasant School**

100 Carmel Rd

Millville, NJ 08332

☐ **Rieck Avenue School**

339 Rieck Ave.

Millville, NJ 08332

☐ **Silver Run School**

301 Silver Run Rd.

Millville, NJ 08332

☐ **Child Family Center** (Atten: Mrs. Beatty)

1100 Coombs Rd.

Millville, NJ 08332

☐ **Millville Board of Education/Child Study Team**

110 N. Third St. P.O. Box 5010

Millville, NJ 08332

Fax: 856-327-0891

Date records requested: _____ by _____